

INFORMATION NECESSARY TO CONSIDER COMPROMISE OF MEDICAID'S CLAIMS

1. Total amount of insurance offer;
2. Name of liable third party, insured and whether or not there will be additional funds forthcoming at a later date from other sources – PIP, Workman’s Comp., Underinsured, Uninsured; Dram Shop, etc.;
3. Policy Limits;
4. The amount of outstanding medical bills to include name(s) of providers and the date(s) of service(s); (bills NOT PAID by S.C. Medicaid – we are not considered a medical provider)
5. Whether or not the medical providers will reduce their claims and to what extent;
6. Documentation of permanent impairment – copy of medical records, statements from attending physician;
7. Whether or not client has been released from medical treatment and the prognosis; what are the known future non-covered medical necessities and anticipated future medicals.
8. Whether or not you are reducing your fee to our mutual client and to what extent, specifically amount of you direct and indirect costs;
9. Your offer to Medicaid;
10. Your proposed disbursement of the funds; describe how the recipient’s portion of the settlement will be used, i.e., special needs trust for van, ramp, computer, etc.

Please allow a minimum of 10 days for our determination.

The client's Regional Medicaid Representative will be notified of any lump sum payments made to our client. This may affect his/her Medicaid eligibility. Eligibility questions should be directed to the client's caseworker at the client's Regional Medicaid Office.

Respond in writing to: Department of Health And Human Services (DHHS)
Division of Accountability and Collections
P.O. Box 100127
Columbia, SC 29202-3127
Fax Number: (803) 255-8225